



Homebound Delivery Application

For the free home delivery of materials for Patten Free Library users who are unable, due to medical or physical limitations, to personally visit the library

Date: _____

Name: _____

Street Address: _____

Phone: _____ Email: _____

Do you currently have a Patten Free Library card?

Yes, my card number is _____ No, I need one

If you live in a senior community or assisted care home, please provide the name:

Contact Person (family member, facility staff, friend):

Name: _____ Relationship: _____

Phone: _____ Email: _____

Patten Free Library respects each library user's right to privacy and confidentiality. In order for a family member, facility staff, or friend to provide assistance with your home delivery service, you must give written permission for us to communicate with your named contact person.

I give my permission for Patten Free Library to communicate directly with my Contact Person (named above) regarding materials I borrow through Homebound Delivery services.

Signature

Date

**** Use the other side of this form to tell us about your reading interests****

What types of books do you enjoy? *(Check all that apply. Feel free to specify particular areas of interest under "Other")*

- Regular print
- Large Print
- Audiobook
- Magazine

Nonfiction

- Biography/Memoir
- Current Issues
- Health
- History
- Instructional/How-To
- Science
- Social Sciences
- Sports
- Travel
- Other _____

Fiction

- Action & Adventure
- Best Sellers
- Fairy Tale & Folklore
- Fantasy
- Historical Fiction
- Horror
- Humor
- Literary Fiction
- Mystery
- Poetry
- Realistic Fiction
- Romance
- Science Fiction
- Short Stories
- Sports Fiction
- Other _____

Tell us about a few of your favorite books or authors. What do you like about them?

Is there anything else we should know about your preferences? *(authors you want to read, your particular interests, , personal sensitivities, content restrictions):*
